CalViva Health 2018 Utilization Management/ Case Management Annual Work Plan End of Year Evaluation

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

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2018 UM/CM Plan

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Fresno-Kings-Madera Regional Health Authority Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Work Plan.

_____   _____
David Hodge, MD, Fresno County   Date
Regional Health Authority Commission Chairperson

_____   _____
Patrick Marabella, MD, Chief Medical Officer   Date
Chair, CalViva Health QI/UM Committee

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1. Compliance with Regulatory & Accreditation Requirements

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.1 Ensure that qualified licensed health professionals assess the clinical information used to support UM decisions.	☒ Medi-Cal	Qualified licensed and trained professionals make UM decisions.	HN has a documented process to ensure that each UM position description has specific UM responsibilities and level of UM decision making, and qualified licensed health professionals supervise all medical necessity decisions. HN HCS (for nurses) National Credentialing (for physicians) and Pharmacy (for pharmacists) maintain records of health professionals' licensure and credentialing.	Provide continuing education opportunities to staff. Conduct Medical Management Staff new hire orientation training. Review and revise staff orientation materials, manuals and processes. Current process of verification of CME standing, verification of certification, participation in InterQual training and IRR testing. Conduct training for RNs	Monthly As needed Ongoing Ongoing Ongoing
			100% compliance with maintaining records of professional licenses and credentialing for health professionals.		

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The following monthly clinical education (CE) and Quality Improvement (QI) in-services were offered to all nurse and MD reviewers and additional sessions have been scheduled for the second half of the year: • Protective Bundle (CE) • CAHPS/HOS & Talking with Older Adults (QI) • Palliative Care (CE) • SNP Model of Care (QI) • Hepatitis C (CE) • Mental Health Stigma (QI) Continued new hire training, review revision of staff orientation materials, manuals and processes. Current process of verification of CME standing, verification of certification, participation in InterQual training and IRR testing in place and up to date.	None identified	None	Ongoing

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| Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019 | CME standing, certification verification, new hire training, and review revision of staff orientation materials, manuals and processes continued throughout 2018. The following monthly CE and QI in-services were offered to all nurse and MD in 2018: • Protective Bundle (CE) • CAHPS/HOS & Talking with Older Adults (QI) • Palliative Care (CE) • SNP Model of Care (QI) • Hepatitis C (CE) • Mental Health Stigma (QI) • Post Acute Care (CE) • HEDIS Best Practice (QI) • HIV (CE) • Diabetes (CE) IRR refresher training on InterQual was provided. The McKesson InterQual IRR testing modules were administered to the Physician Reviewers and the non-physician clinical staff requiring a minimum score of 90% to pass. Overall pass score was 91.5%. | None identified | None | Ongoing |

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.2 Review and coordinate UM compliance with California legislative and regulatory requirements	☒ Medi-Cal	Each year there is new healthcare related legislation. Compliance, Legislation Implementation staff reviews and analyzes the operational impact of these new laws and regulations. This information is utilized to plan and implement new	Review and report on legislation signed into law and regulations with potential impact on medical management Appropriate and timely changes are made to Medical Management processes to accommodate new legislation as appropriate.	Review new legislation and regulations, either through e-mail or department presentation. Participate in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participate in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	Ongoing

		processes or changes to existing processes to ensure compliance.	100% compliance of UMCM staff and processes with all legislation and regulations.		

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Reviewed new legislation and regulations, either through e-mail or department presentation. Participated in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participated in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	None identified	Continue to assess implications of changes in regulation and update our policies and procedures as needed.	Ongoing Ongoing Ongoing
Annual Evaluation ☒ **MET OBJECTIVES** ☒ **CONTINUE ACTIVITY IN 2019**	Reviewed new legislation and regulations, either through e-mail or department presentation. Participated in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participated in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	None identified	Continue to assess implications of changes in regulation and update our policies and procedures as needed.	Ongoing Ongoing Ongoing

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.3 Separation of Medical Decisions from Fiscal Considerations	☒ Medi-Cal	DHS, DMHC, and CMS, at a minimum, require that Medical Decisions made by MDs and Nurse reviewers are free from fiscal influence.	Affirmative statement about incentives is distributed to employees and communicated to members in member mailings and to practitioners/providers in Provider Updates.	Circulate to all MDs and Nurse reviewers an attestation that states: ▪ Utilization Management decisions are based on medical necessity and medical appropriateness. ▪ Health Net and CalViva do not compensate physicians or nurse reviewers for denials. ▪ Health Net and CalViva do not offer incentives to encourage denials of coverage or service.	Ongoing
			100% compliance with distribution of affirmative statement about financial incentives to members, practitioners, providers and employees.	Management Incentive Plan (MIP) Goals will not be created that benefit MDs or Nurse reviewers based on any potential to deny care.	

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Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Annual attestations to be circulated in December 2018. No MIP Goals created that benefit MDs or Nurse reviewers based on any potential to deny care.	None	Corrected "RN" reference to be inclusive of all "Nurse reviewers"	December
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	In 2018 all Health Net employees making UM decisions were required to sign an 'Affirmative Statement about Incentives' acknowledging that the organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care and that the Plan does not offer financial incentives for UM decisions that result in underutilization or adversely affects subsequent claim activity. Staff review and acknowledge this statement through Cornerstone (online learning platform) upon hire and annually thereafter. No MIP Goals created that benefit MDs or Nurse reviewers based on any potential to deny care.	None	None	December

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.4 Periodic audits for Compliance with regulatory standards	☒ Medi-Cal	Ensure compliance with regulatory standards.	Conduct regularly scheduled quarterly review of UM denial files compared to regulatory standards, which include such items as: turnaround time requirements, clinical rationale for denials, quality and timeliness of communications with providers and members, documents opportunity for provider to discuss case with Medical Director making denial decision.	Conduct File Reviews for compliance with regulatory standards. Provide ongoing education and/or UM process improvement with HNCS staff on issues revealed during the file review process. File Audits completed the month following each quarter	Ongoing April 2018, July 2018, October 2018, January 2019

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Ongoing monthly regulatory standard auditing continues. When a variance from compliance standards are identified, CAP submission and staff education completed as evidenced by CAP tracking within the Compliance and Auditing departments. Auditing results presented PMR meeting.	None identified	None	Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	Ongoing monthly regulatory standard auditing continues. When a variance from compliance standards are identified, CAP submission and staff education completed as evidenced by CAP tracking within the Compliance and Auditing departments. Auditing results presented PMR meeting.	None identified	None	Ongoing

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.5 HN Medical Director's and CalViva Health Chief Medical Officer Interaction with State of California (DHCS).	☒ Medi-Cal	HN MDs interact with the MMCD Division of DHCS: ▪ MMCD Medical Directors Meetings ▪ MMCD workgroups ▪ Quality Improvement workgroup ▪ Health Education Taskforce There are benefits to HN MD participation: ▪ Demonstrates HN interest in DHCS activity and Medi-Cal Program ▪ Provides HN with in-depth information regarding contractual programs ▪ Provides HN with the opportunity to participate in policy determination by DHCS.	HN Medical Directors and CalViva Health Chief Medical Officer participate on DHCS workgroups, task forces and meetings Ensures participation by MDs at the quarterly MMCD meetings, with input for agenda and summary of findings discussed with each MD. HN and CalViva remain a strong voice in this body with participation on key workgroups	The Medical Director and Chief Medical Officer of CalViva will attend scheduled meetings, workshops and project meetings for 2018. Ongoing report out with CalViva to ensure CalViva is aware of all DHCS activities.	Ongoing

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Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Monthly and quarterly reports to CalViva and Medical Director and Chief Medical Officer continue. Health Net Medical Directors and the CalViva Chief Medical Officer participated in the DHCS Medi-Cal Managed Care Division's Medical Directors meetings for quarters in the year.	None identified	None	Ongoing Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	Monthly and quarterly reports to CalViva and Medical Director and Chief Medical Officer continue. Health Net Medical Directors and the CalViva Chief Medical Officer participated in the DHCS Medi-Cal Managed Care Division's Medical Directors meetings for all four quarters in the year.	None identified	None	Ongoing Ongoing

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.6 Review, revision, and updates of CalViva UM /CM Program Description, UMCM Work plan, and associated policies and procedures at least annually.	☒ Medi-Cal	State Health Programs Health Services reviews/ revises Medi-Cal UM/CM Program Description and UMCM Policies and Procedures to be in compliance with regulatory and legislative requirements.	Core group comprised of State Health Programs CMD, Regional Medical Directors, Director of Health Services and Health Services Managers for Medi-Cal review and revise existing Program Description and supporting UMCM Policies and Procedures.	Write and receive CalViva approval of 2018 UMCM Program Description	Q 1 2018
				Write and receive CalViva approval of 2017 UMCM Work Plan Year-End Evaluation	Q 1 2018
				Write and receive CalViva approval of 2018 UMCM Work Plan.	Q 1 2018
				Write and receive CalViva approval of 2018 UMCM Work Plan Mid-Year Evaluation	Q 3 2018
				Prepare and Submit UMCM Program Description and Work plan to CalViva QIUM Committee and CalViva RHA Commission annually, providing mid-year updates and any ad hoc queries from CalViva Health leadership.	Ongoing
				Continue to monitor and revise policies and procedures based on DHCS and DMHC requirements.	Ongoing

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Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	The 2018 UMCM Work plan and Program Description and 2017 YE Evaluation were approved in Q1. Health Net continues to monitor and revise policies and procedures based on DHCS and DMHC requirements.	None identified	Continue to review and revise UMCM program description and work plan as required to reflect regulatory guidelines.	Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	The 2018 UMCM Work Plan Mid-Year Evaluation was submitted and approved in Q3. CalViva continues to monitor and revise policies and procedures based on DHCS, DMHC and other regulatory requirements.	None identified	None	Ongoing

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2. Monitoring the UM Process

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.1 The number of authorizations for service requests received	☒ Medi-Cal	Provide oversight, tracking, and monitoring of authorization requests and evaluate opportunities to modify prior authorization requirements. Track and trend all types of prior authorization and concurrent review activities based on requirements.	Track and Trend authorization requests month to month. Tracking includes number of prior authorization requests submitted, approved, deferred, denied, or modified. Turnaround times (TAT) Number of denials appealed and overturned	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of Prior Authorization process. Assess staffing needs for prior authorization process completion and ensure staffing is included in annual budget and quarterly budget revisions.	Ongoing

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Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	The Management team reviews monthly reports to discuss and review 2018 expectations. Trends and results are discussed in the Medical Management Department KPI meeting. Activities are all on target for 2018, with exception to issue that occurred with providers utilizing the incorrect authorization form in Q1.	Providers using the incorrect authorization form caused authorizations to be misrouted and not meet TAT.	The issue with providers using the incorrect authorization form was resolved in April 2018 and is no longer adversely impacting TAT. Issue was resolved with provider communication and education.	Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	The Management team reviews monthly reports to discuss and review 2018 expectations. Trends and results are discussed in the Medical Management Department KPI meeting. For the second half of 2018, there are no known issues impacting authorization volume. Authorization volume has remained stable. <table><tr><td>Prior Authorization</td><td>Urgent Volumes</td><td>Routine Volumes</td></tr><tr><td>January</td><td>605</td><td>2262</td></tr><tr><td>February</td><td>809</td><td>2559</td></tr><tr><td>March</td><td>913</td><td>3298</td></tr><tr><td>April</td><td>801</td><td>3190</td></tr><tr><td>May</td><td>780</td><td>3543</td></tr><tr><td>June</td><td>833</td><td>3091</td></tr><tr><td>July</td><td>554</td><td>2993</td></tr><tr><td>August</td><td>590</td><td>2467</td></tr><tr><td>September</td><td>481</td><td>2312</td></tr><tr><td>October</td><td>535</td><td>2757</td></tr><tr><td>November</td><td>491</td><td>2306</td></tr><tr><td>December</td><td>464</td><td>2433</td></tr><tr><td>Averages</td><td>655</td><td>2768</td></tr></table>	No known issues are impacting authorization volume at this time.	Management proactively monitors for authorization trends	Ongoing

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology Measurable Objective(s)	2018 Planned Interventions	Target Completion Date
2.2 Timeliness of processing the authorization request. (Turn Around Times =TAT)	☒ Medi-Cal	TAT Compliance is based on DHCS standards for processing authorization requests and includes all decision categories (Approvals, Deferrals, Denials, and Modifications). Provide oversight, tracking, and monitoring of turnaround times for authorization requests.	Track and Trend authorization requests month to month in all categories and report monthly in the Key Indicator Report.	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of turnaround times (TATs). Identify barriers to meeting Utilization Management timeliness standards and develop action plans to address deficiencies. Continue to focus on meeting TAT requirements. Monthly Management review of TAT results, with drill down on all cases that fail to meet TAT requirements. Ongoing training of staff and evaluation of work processes to identify opportunities for streamlining	Ongoing UM TAT Summaries due the month following on the 10th of each month.

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	CalViva TAT 2018 • January 99.0% • February 93.0% • March 90.0% • April 96.7% • May 97.5% • June 97.7% Average = 95.65%	In February 2018 approximately 90,000 members transitioned causing an influx of authorization requests. Some providers for these members used incorrect authorization forms which caused referrals to be misrouted. These misroutes caused delays in processing and contributed to lower TAT scores.	Providers were given education by staff to utilize the appropriate referral form to prevent misrouting. This issue was resolved April 9th, 2018 following education to providers. Providers are now utilizing the correct authorization forms. There are no known issues adversely contributing to TAT. Formal CAP in place based on historical TAT data. TAT updates are delivered the 10th of every month.	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☒ **CONTINUE ACTIVITY IN 2019**	Turnaround Time (TAT) for processing authorization requests within regulatory timeframes had an overall score that averaged 97.2% in 2018 with a goal of 100%. 2018 CalViva TAT by month: • January 99.0% • February 93.0% • March 90.0% • April 96.7% • May 97.5% • June 97.7% • July 98.4% • August 98.4% • September 98.4% • October 100.0% • November 100.0% • December 96.7%		A formal CAP for TAT was established and was reported on the 10th of every month. The issue with providers using the incorrect authorization form was resolved in April 2018 with provider communication and education. Management monitored TAT trends daily to ensure cases are completed timely under the Corrective Action Plan (CAP). In Q3 the TAT CAP was resolved. There are no known issues adversely contributing to TAT.	Ongoing

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			Measurable Objective(s)		
2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making	☒ Medi-Cal	Consistency with which criteria are applied in UM decision-making is evaluated annually. Opportunities to improve consistency are acted upon.	HN administers McKesson InterQual® IRR Tool to physician and non-physician UM reviewers annually	Physician IRR Administer Physician IRR test using case review method and McKesson InterQual® IRR tool in Q3-4 2018 Non-Physician IRR Administer annual non-physician IRR test using McKesson InterQual® IRR tool in Q3-4 2018	Q3-4 2018 Q3-4 2018
			Physician and non-physician UM reviewers achieving ≥ 90% passing score on InterQual® IRR Tool		

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	On Track - Training department Supervisor and Clinical Trainers are working with the Centene Corp Training Team to go over the changes once received (estimated by 7/30). The training team will be scheduling and advertising sessions in Cornerstone Sept – October. It will be the responsibility of the leadership team to schedule their staff. Please see schedule of events below: ➤ InterQual 2018 Updates will be in the train environment mid to late August ➤ Initial testing will start 2-4 weeks after it goes into train environment ➤ Initial testing is a four week period ➤ There is a one week break for retraining/remediation between the initial testing period and test retake period ➤ Retake testing period will be the next four weeks after the one week break	None identified	None	12/30/2018
Annual Evaluation ☒ **MET OBJECTIVES** ☒ **CONTINUE ACTIVITY IN 2019**	InterQual and IRR Testing completed prior to the close of 2018 on schedule. Almost all staff passed on the first testing period. The staff were allowed, per policy, to retest and subsequently passed the IRR retest in December 2018. The staff that migrated to the new medical management documentation system took the 2018 IRR. All remaining staff on the old documentation system, are scheduled to transfer to the new medical management system in 2019.	None identified	None	12/28/2018

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			Measurable Objective(s)		
2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.	☒ Medi-Cal	Track the number of clinical appeals received for authorization decisions and also the number upheld and overturned to determine where modifications in authorization process are appropriate.	Measure UM Appeals volume as a percentage of the total authorization requests. Measure the number upheld and overturned, as well as Turn Around Times.	Appeals data, the numbers received, timeliness of completion of appeals reported to HNCS UM/QI Committee bimonthly Collaborate with QI Department for review of Appeals at least annually, including an analysis of trends. Identify opportunities for removing or adjusting prior authorization requirements or criteria based on appeals that are regularly overturned Bring this analysis to UM/QI committee for discussion and input from community practitioner committee members. Ensure appeals are processed by specialty matched physicians, which at a minimum requires pediatricians or family practitioners to evaluate all medical necessity appeals for members under age 21, and family practitioners or internists to evaluate all medical necessity appeals for members over age 21.	Ongoing

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Appeals data is a consistent component of UM/QI and tracked on a routine and ongoing basis. Activity will be ongoing to ensure quality outcomes are met. Turnaround Time Compliance for resolved expedited and standard appeals = 97.59% or 283 out of 290.	None identified	None	Ongoing
	2018 Semi-Annual Appeals January – June 2018 | **Appeal Type**	**Case Count**	**Percentage** | |---|---|---| | Overturn | 98 | 33.79% | | Partial Uphold | 6 | 2.07% | | Uphold | 184 | 63.45% | | Withdrawal | 2 | 0.69% | | Total Cases | **290** | |			
Annual Evaluation ☒ **MET OBJECTIVES** ☒ **CONTINUE ACTIVITY IN 2019**	Appeals data is a consistent component of UM/QI and tracked on a routine and ongoing basis. Activity was ongoing in 2018 and will continue in 2019 to ensure quality outcomes are met. Turnaround Time Compliance for resolved expedited and standard appeals 2018 = 98.24% or 501 out of 510. Ongoing efforts were made to ensure cases were referred to specialty matched physicians as appropriate.	None identified	None	Ongoing

Appeals tables shown in cells above:

2018 Semi-Annual Appeals January – June 2018

Appeal Type	Case Count	Percentage
Overturn	98	33.79%
Partial Uphold	6	2.07%
Uphold	184	63.45%
Withdrawal	2	0.69%
Total Cases	**290**	

2018 Semi-Annual Appeals

Appeal Type	Case Count	Percentage
Overturn	173	33.92%
Partial Uphold	15	2.94%
Uphold	319	62.55%
Withdrawal	3	0.59%
Total Cases	**510**	

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3. Monitoring Utilization Metrics

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3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance	☒ Medi-Cal	Health Net Central Medical Directors and Health Care Services manage the non-delegated shared risk PPGs and a sizable FFS membership.	Health Net manages shared risk non-delegated PPGs and FFS inpatient UM. Data reported quarterly at State Health Programs UM/QI Committee meeting ▪▪▪▪▪▪▪▪▪▪▪▪▪▪ Key Metrics (SPD, Non-SPD, MCE) Bed days/k ALOS Admit /K All cause readmits within 30 days 2018 Goals: Bed Days/K SPD: 1129.7 MCE: 325 TANF: 216.6 Average length of acute care stays SPD: 5.1 MCE: 4.7 TANF: 4.8 Admit/KSPD: 241.4 MCE:62.1 TANF:49.6	Continue care management initiatives for adults to include correct aid code assignments, early intervention to establish medical home, and care coordination for carve out services and community resource needs and Transition Care Management and Discharge Programs. Use data to identify high cost/high utilizing members to target for care management. Track effectiveness of various case management programs on readmissions, hospital utilization, including case management, Integrated Case Management, Pharmacy interventions, ESRD program, Disease Management, concurrent review rounds process. These benchmarks are currently under development. All internal thresholds will be reviewed and possibly revised for 2018.	Ongoing

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Care management activities are on target CCR team continues in collaboration with Case Management for early intervention in establishing a medical home for members with frequent admissions Medical Director, CCR. CM using data to identify high cost/high risk members and targeting for CM **Bed Days/K — 2018 Goal — Jan-Jun 18 Actual** MCE — 335.0 — 349.8 SPD — 980.0 — 943.1 TANF — 102.4 — 110.9 **ALOS — 2018 Goal — Jan-Jun 18 Actual** MCE — 5.1 — 5.2 SPD — 5.0 — 5.5 TANF — 3.8 — 3.8 **Admit/K — 2018 Goal — Jan-Jun 18 Actual** MCE — 65.0 — 67.9 SPD — 177 — 170.1 TANF — 27.1 — 29.2 **% Re-admit — 2018 Goal — Jan-Jun 18 Actual** MCE — 13.0 — 13.6 SPD — 21.0 — 21.4 TANF — 8.0 — 8.1	Increase in TANF utilization was noted in first quarter 2018. The increase in admissions seems to correlate to an overall increase in Homelessness and Substance abuse based on the top ten admission diagnoses for 2017/18 with an accompanying increase in ED utilization as well. ED visits for Influenza increased in occurrence advancing to the top eight diagnoses for ED visits for 2018 where it had not been in the Top Ten ED Diagnosis in previous years. Admissions and bed days also increased in response to this unusual flu season.	Aid code assignments have been remapped and membership restated 7/25/18 using claims data. Onsite CCR team making immediate referrals to CM following High level screening upon hospital admission Medical Director working with Direct contract physicians and hospitals to ensure seamless post-follow up care. Utilization goals for 2018 have been re-stated based on Acute Inpatient performance over the past 3 years. The Utilization team will continue to monitor, track and trend inpatient utilization in general and ED utilization in particular for opportunities to impact admissions and improve overall care.	7/25/18 Ongoing Initiated 6/2018 ongoing 9/1/2018

The detailed tables within the Status Report/Results cell:

Bed Days/K	2018 Goal	Jan-Jun 18 Actual
MCE	335.0	349.8
SPD	980.0	943.1
TANF	102.4	110.9

ALOS	2018 Goal	Jan-Jun 18 Actual
MCE	5.1	5.2
SPD	5.0	5.5
TANF	3.8	3.8

Admit/K	2018 Goal	Jan-Jun 18 Actual
MCE	65.0	67.9
SPD	177	170.1
TANF	27.1	29.2

% Re-admit	2018 Goal	Jan-Jun 18 Actual
MCE	13.0	13.6
SPD	21.0	21.4
TANF	8.0	8.1

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Annual Evaluation ☐ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	Onsite and telephonic CCR teams continue to make immediate referrals to CM following an initial high level screening upon hospital admission doubling CM referrals for 2018. Internal utilization goals for TANF and SPD Populations were restated and new goals established for the MCE population using a 3 year - 5% for performance. Utilization management activities continue to move toward goal. The UM team did not meet goal for: • MCE Bed Days, • SPD ALOS, • TANF and MCE admits and • MCE 30 day readmits.	Fragmented after care and adequate placement for patients with multiple social determinants continue to be the unresolved barriers for this population.	In 2018, internal thresholds for TANF and SPD Populations were restated and goals for MCE population established using an average of the past 3-years performance - 5% for the new targets. In 2019 the Concurrent Review team will continue to apply the comprehensive and proactive discharge planning methodology used in 2018 to ensure timely, safe transition to home and other appropriate settings such as: • the consistent and appropriate application of nationally recognized criteria • Ensure medically appropriate utilization of community health care resources in collaborative coordination with the hospital, ancillary care providers, and care management teams. • Continued partnership with public programs to identify alternate dispositions for those unable to return home or be placed in skilled nursing facilities. • Work with clinical teams to increase awareness and have fingertip access to alternate dispositions during concurrent review process.	Ongoing

Bed Days/K	2018 Goal	2018 Actual
MCE	335.0	344.7
SPD	980.0	958.9
TANF	102.4	101.6

ALOS	2018 Goal	2018 Actual
MCE	5.1	4.9
SPD	5.0	6.6
TANF	3.8	3.7

Admit/K	2018 Goal	2018 Actual
MCE	65.0	69.8
SPD	177	169.8
TANF	27.1	27.7

% Re-admit	2018 Goal	2018 Actual
MCE	13.0	13.5
SPD	21.0	19.8
TANF	8.0	7.8

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
3.2 Over/under utilization	☒ Medi-Cal	HN ensures appropriate use of services for members by monitoring relevant data types for under- and over-utilization of services for SPD and Non-SPD members. Fraud, Waste and Abuse of medical services is monitored and reported. PPG Reports are used internally and externally with medical groups to develop member and population level interventions. Quarterly reports are made available for PPGs with member Non-SPD >1000 and SPD greater than 500 members. And MCE members >1000.	The UM metrics will be reported quarterly and the procedure metrics will be reported annually for PPGs with greater than 1,000 non-SPD, greater than 1,000 MCE or 500 SPD Medi-Cal Members. Metrics include: 1. Acute bed days per thousand 2. Average length of acute care stays 3. ER visits/K 4. All Cause Readmits within 30 days 5. Aggregate Specialty Referrals using NPI #'s compared to NPAS 6. CCR Goals are: SPD:20 MCE:10 TANF:7 7. % 0-2 day admits 8. C-Section Rates PPG profile reports are made available quarterly and one metric for over utilization (ER/K), and two metrics for underutilization, (All Cause Readmits w/in 30 days) and Specialty referrals are assessed on a biannual basis	Continue to enhance provider profile. Identify PPG PIP, outcome results and barriers on a biannual basis and present aggregated results to CalViva. (Over and Under Utilization reports) Identify possible fraud, waste and abuse issues. Report any issues to the SIU and Compliance Department Thresholds for 208 are under evaluation. Referral Rates: Specialist Average PM/PY referral rates are calculated from claims and set as internal thresholds for SPD, Non-SPD and MCE members by PPG. Average referral rates are determined and the bottom 10% are identified as outliers. (*pending approval from DHCS/DHMC.) PPG's are identified as potential outliers for the metrics measured undergo further analysis by the MD to determine if a Quality Improvement Plan is indicated. The Quality Improvement Plans, if applicable are reviewed at the regional team meetings lead by the Medical Directors.	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date

Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	The CVH PPG specific data Dashboard Reports were developed and are produced quarterly. The data is presented at the CalViva Management Oversight meeting. The reports are derived from claims data and have a time lag of approximately four to five months.	None identified	ER Visits/K and 30-day all-cause readmission rates added to current metrics. The updated UM metrics will be: Bed Days/K, Admits/K, ALOS, ER Visits/K, and 30-day all-cause readmission rates. The reported metrics by PPG will be presented by aid type (SPD, Non-SPD, and MCE) and compared to established benchmarks. The analysis of the data will include: 1) Current status compared with benchmarks; 2) Changes and trends with causal analysis; and 3) Action plan including performance improvement plans.	End of 2018Q3 End of 2018Q3 Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	Implemented new quarterly CalViva PPG JOMs at the end of 2018. Provided summary reports on targeted metrics. Dashboard reports continue to be presented to MOM. The YTD institutional PPG utilization metrics with data through Q2 2018 are favorable compared with the HN Medi-Cal Comparison Population, except for ER/K which is significantly above the comparison population for Adventist Health Plan (AHP) Kings County and First Choice Medical Group (FCMG) Fresno County. |	ER/K	Comparison | |---|---|---| | AHP Kings | 624.3 | 385.2 | | FCMG Fresno | 656.1 | 412.3 | | LaSalle Fresno | 458.0 | 500.9 |	Lack of external benchmarks for specialty referrals.	Revised specialty referral metrics from bottom 10% to "bottom" and added monitoring by specialty. Implemented a process to monitor Admits/K and ER/K utilization for all PPGs. Groups with consistent patterns of overutilization will be targeted for improvement plans. Best practices to decrease inappropriate utilization and ER/K have been distributed to the PPGs during JOMs.	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology Measurable Objective(s)	2018 Planned Interventions	Target Completion Date
3.3 PPG Profile	☒ Medi-Cal	Profiles provide PPGs threshold data based on CalViva data and comparative performance data to help them measure and improve their UM and QI performance.	Medi-Cal PPGs with greater than 1,000 non-SPD, 1000 MCE or 500 SPD Medi-Cal members are produced quarterly and evaluated .bi-annually for possible over/under utilization. Metrics include: 1. Acute bed days per thousand 2. Average length of acute care stays 3. ER visits/K 4. All Cause Readmits within 30 days 5. Aggregate Specialty Referrals using NPI #'s compared to NPAS 6. % of 0-2 day admissions 7. C-section rates	CalViva PPG profile reports are made available quarterly and at least one metric for over utilization (ER/K), and at least two metrics for underutilization, (All Cause Readmits w/in 30 days) and specialty referral are assessed on a biannual basis Results will be compared to HN internal thresholds which are under re-evaluation for 2018. PPG's are identified as potential outliers for the metrics measured undergo further analysis by the MD to determine if a CAP is indicated. CAPS are monitored by delegation oversight then to document implementation and need for follow up Referral Rates: Specialist Average PM/PY referral rates are calculated from claims and set as internal thresholds for SPD, Non-SPD and MCE members by PPG. Average referral rates are determined and the bottom 10% are identified as outliers (*pending approval from DHCS/DHMC.)	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

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Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

| Mid-Year Report

☒ **ACTIVITY ON TARGET**

☐ **TOO SOON TO TELL** | Dashboard reports are in place. Narrative report for Q1 reviewed at MOM meeting on 6/4/2018.

CalViva PPG profile reports are made available quarterly and at least one metric for over utilization (IP/K), and at least two metrics for underutilization, (All Cause Readmits w/in 30 days) and specialty referral are assessed on a biannual basis

Results will be compared to HN internal thresholds which are under re-evaluation for 2018.

Further analysis will be initiated by the RMD for PPG's identified to be potential outliers and a Corrective Action Plan (CAP) will be requested when indicated.

CAPS are monitored by the Delegation Oversight team to insure actions are implemented and documentation and follow up are completed. | Membership growth and changing regulations | Internal thresholds under review | Ongoing

Ongoing

Ongoing

Ongoing

Ongoing |
| Annual Evaluation

☒ **MET OBJECTIVES**

☒ **CONTINUE ACTIVITY IN 2019** | Dashboard reports are in place. DO dashboard and Narrative report for Q2 was presented on 9/4/2018 at the MOM meeting and Q3 on 12/4/2018..

CalViva PPG profile reports are made available quarterly and at least one metric for over utilization (IP/K), and at least two metrics for underutilization, (All Cause Readmits w/in 30 days) and specialty referral are assessed on a biannual basis.

Health Net MediCal comparison population was used to monitor institutional utilization metrics for Admits/k, Days/k, ALOS, % 30-Day readmissions and ER/K.

CAPS are monitored by the Delegation Oversight team to insure actions are implemented and documentation and follow up are completed. | None identified | None identified | Ongoing

Ongoing

Ongoing |

4. Monitoring Coordination with Other Programs and Vendor Oversight

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.1 Integrated Case Management Program (ICM)	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner optimizes physical and emotional health and well-being and improves quality of life. Assisting members with complex and serious medical conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs.	Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes. Monitor Key Indicator report to track and trend Integrated Case Management activities and acuity levels monthly Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs Measure program effectiveness based on the following measures: ○ Readmission rates ○ ED utilization ○ Overall health care costs ○ Member Satisfaction	Dedicated staff of RNs, CM Assistants, and LCSWs to perform ICM Implement report to monitor new member referrals to ICM based on information from the Health Information Form. Implement use of ImpactPro as the predictive modeling tool to identify high risk members for referral to ICM. Review outcome measures quarterly.	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Referrals to CM based on completed HIFs was implemented in Q1. 2017 HIF: 2012 forms received through 3/31, 10 members referred to CM. Through Q2 746 2018 HIFs were loaded & 108 members were referred to CM. Implemented use of ImpactPro in Q1 to identify high risk members for referral to ICM. Through Q2 90 referrals were made to a CM program. Outcome measures include: readmission rates, ED utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in PH CM & 90 days after enrollment. Q1 results include members with active or closed case on or between 1/1/2018 & 3/31/2018 & remained eligible 90 days after case open date. 129 members met criteria. Results of members managed: • Admissions & readmissions were lower • 20.10% decline in readmissions • Volume of ED claims/1000/yr decreased by 279 • Reduction total health care costs primarily related to decreased inpatient costs, slight decrease in outpatient services & increase in pharmacy costs • 20 members successfully contacted to complete survey. 95% (19/20) of respondents satisfied with help they received from the CM. 95% (19/20) reported goals they worked on improved understanding of their health. 17/20 respondents indicated 59% improvement in overall health or ability to care for family post CM vs pre CM & 88.2% (18/20) reported CM exceeded their expectations.	January 2018 CalViva new member mailings included the 2017 HIF form. 2018 HIF was included in the New Member Welcome Packet in February. Small volume of member satisfaction surveys completed.	Continue existing interventions. Re-evaluating outreach process to complete surveys in effort to increase completion volume. Program metrics formerly included Transitional Care Management (TCM) referrals. ICM and TCM reported separately as of June. Palliative care program monitoring was initiated in Q1 and monitoring continues.	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Annual Evaluation ☒ **MET OBJECTIVES** ☒ **CONTINUE ACTIVITY IN 2019**	Referrals to CM based on completed HIFs was implemented in Q1. 2017 HIF: 2012 forms received through 3/31, 10 members referred to CM. Through December 2018 4377 HIFs were loaded & 396 members were referred to CM. Implemented use of ImpactPro in Q1 to identify high risk members for referral to ICM. Through Q4 228 referrals were made to a CM program. Outcome measures include: readmission rates, ED utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in PH CM & 90 days after enrollment. Q1 results include members with active or closed case on or between 1/1/2018 & 9/30/2018 & remained eligible 90 days after case open date. 269 members met criteria. Preliminary results of members managed: • Admissions & readmissions were lower • 22.9% decline in readmissions • Volume of ED claims/1000/yr decreased by 193 • Reduction total health care costs primarily related to decreased inpatient costs, slight decrease in outpatient services • 53 members successfully contacted to complete survey from Q1-Q4. 98.1% (51/52) of respondents satisfied with help they received from the CM. 96.2% (51/53) reported goals they worked on improved understanding of their health. Some respondents indicated improvement in ability to care for self/family post CM vs pre CM and 81.8% (36/44) reported CM exceeded their expectations.	Small volume of member satisfaction surveys completed.	Re-evaluating outreach process to complete surveys in effort to increase completion volume. Process changes to be implemented in Q1 2019. Program metrics formerly included Transitional Care Management (TCM) referrals. ICM and TCM reported separately as of June. Palliative care program monitoring was initiated in Q1 and monitoring continues.	Ongoing

Created: March 5, 2018, March 8, 2018
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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology / Measurable Objective(s)	2018 Planned Interventions	Target Completion Date
4.2 Referrals to Perinatal Case Management	☒ Medi-Cal	Providing perinatal risk screening is a valuable way to identify members who would benefit from CM interventions thus resulting in improved outcomes.	Notify PCP's or PPG's of patients identified for program . Measure program effectiveness based on the following measures: o Member compliance with completing • 1st prenatal visit within the 1st trimester and • post-partum visit between 21 and 56 days after delivery compared to pregnant members who were not enrolled in the program	PCM Outreach to OBGYN MD's to promote referrals into PCM program for high risk moms. Expand Pregnancy Program activities to include consolidation of provider forms used to identify high risk members, increase outreach to high risk member through education packets, text reminders, etc. Implement use of the Notification of Pregnancy (NOP) form by members, and related reports to increase identification of moderate and high risk members for referral to the Pregnancy Program. Monitor volume of referrals based on NOP activity. Review outcome measures quarterly.	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date

Mid-Year Report
 	
☒ **ACTIVITY ON TARGET**
 	
☐ **TOO SOON TO TELL**
	Referrals to PCM primarily based on Perinatal Notification Incentive Program (PNIP) referral from PCP and NOP assessments. Referrals increased from 169 in Q1 to 217 in Q2. Through Q2 120 members managed in PCM program, exceeding 2017 volume. Quarterly average engagement rate decreased from 30% in Q1 to 23% in Q2. Decrease in Q2 driven by sharp decline in engagement rate in June.
	
	Hard copy program materials have been branded and approved; distribution pending approval of program text messaging content by DHCS.
	
	Outcome measures based on member's compliance with completing 1st prenatal visit within 1st trimester & post-partum visit between 21 & 56 days after delivery compared to pregnant members who were not enrolled in the program. Q1 results demonstrated greater compliance in managed members for both measures.
	
	• 25 members met the outcome inclusion criteria
	• Members enrolled in the High Risk Pregnancy Program demonstrated:
	   o 6% greater compliance in completing the first prenatal visit within their first trimester
	   o 8.2% greater compliance in completing their post-partum visit
		Delay in distribution related to approval of text messaging as referenced in hard copy materials.	Distribution to be initiated once text messaging component approved by DHCS.	Q4

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date

Annual Evaluation
 	
☒ **MET OBJECTIVES**
 	
☒ **CONTINUE ACTIVITY IN 2019**
	Referrals to PCM primarily based on Perinatal Notification Incentive Program (PNIP) referral from PCP and NOP assessments. Referrals increased from 169 in Q1 to 472 in Q3. Through Q3 162 members managed in PCM program, exceeding 2017 volume. Quarterly average engagement rate decreased from 30% in Q1 to 10% in Q3. Decrease in Q3 related to increase in unable to reach members in July and August, slight improvement in September.
	
	Hard copy program materials have been branded and approved; distribution pending approval of program text messaging content by DHCS.
	
	Outcome measures based on member's compliance with completing 1st prenatal visit within 1st trimester & post-partum visit between 21 & 56 days after delivery compared to pregnant members who were not enrolled in the program. Q2 results demonstrated greater compliance in managed members for both measures.
	
	• 54 members met the outcome inclusion criteria
	• Members enrolled in the High Risk Pregnancy Program demonstrated:
	   ○ 9.3% greater compliance in completing the first prenatal visit within their first trimester
	   ○ 8.9% greater compliance in completing their post-partum visit
		Delay in distribution related to approval of text messaging as referenced in hard copy materials. Text content has been approved.
		
		Some materials are generated based on activity in TruCare and related data currently captured in Unity.
			3 of 4 materials available for distribution in December 2018.
			
			Develop process to identify deliveries and load data into TruCare to support triggering of materials.
				Q1 2019

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.3 Disease Management	☒ Medi-Cal **Diabetes Age Groups** 0-21 CCS Referral (100%) >21 Enrolled in program	The Managed Care Plan is responsible for initiating and maintaining a Disease Management program for high volume, common conditions, where guidelines and proven timely intervention have been shown to improve outcomes.	Eligibility data from sources such as: pharmacy/ encounter claims, health appraisal results, data collected through the UM or case management process, and member or provider referrals. Evaluation of outcome data from HEDIS®-like measures. Review/analyze DM partner annual report	Transitioning to new vendor and continuing to concentrate on three conditions: asthma, diabetes, and heart failure. Notify PCPs of their patients identified or enrolled in the disease management program. Focus on streamlining hand-off between Disease Management and the Integrated Case Management programs. Review of member materials and scripts by the Compliance and Cultural & Linguistics departments and DHCS before going to press. Ongoing program monitoring to assure that reporting needs are met. Monitor the monthly reports and enrollment statistics.	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Plans continue with in source of DM programs. Statement of Work with CalViva Health in approval phase. Program will include notification material to providers upon member enrollment and will include care coordination between DM and CM. Collateral materials approved. Program monitoring of current DM program continues.	Regulator approval of Statement of Work pending New privacy requirements required rework	None	Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	Statement of Work for insourced DM program approved. Transition process to insource CalViva Health asthma, diabetes, and heart failure DM programs began 10/1/2018. Program includes provider notification and regulator-approved member collateral. Case managers and care coordinators received a disease management program training August and September 2018. The internal DM program care managers and CM program case managers utilize the same documentation platform, allowing for more streamlined hand-offs between programs. Reporting and program monitoring continue.	None None	None None	Complete Ongoing

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
4.4 MD interactions with Pharmacy	☒ Medi-Cal	Medi-Cal formulary is a closed formulary consisting of primarily generic medications. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to refine the formulary and injectable guidelines to facilitate member and provider efficiencies; to ensure adequate and current medications are included, and to ensure appropriate utilization. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to remove unnecessary PA obstacles for practitioners and pharmacists SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to improve CCS ID using pharmacy data SHP MD's and Pharmacy continue to mirror the DHCS narcotic prescribing quantity limits. This is to prevent fraud and abuse, and prevent adverse	Monthly check write review Monthly report of PA requests	Continued active engagement with pharmacy Continue narcotic prior authorization requirements Consider implementation of opioid edits based on updated CDC guidelines for prescribing opioids.	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
		selection to the CalViva Medi-Cal plan.			

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	• Continued active engagement with pharmacy through Quarterly QI meetings. No significant ongoing issues or frequently encountered problems have been identified in the first two quarters of 2018. • Prior Authorization requirements remain in effect • Opioid policies remain in line with State FFS plan as required. New guidance on opioids reviewed at P&T 7/17/2018. New guidance and recommendations will be enacted Q3 2018.	None Identified	None	Ongoing Ongoing Ongoing
Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	• Continued active engagement with pharmacy through QI meetings. • Prior Authorization requirements remain in effect • Opioid policies remain in line with State FFS plan as required. Note: a new Opioid treatment policy will be reviewed at Q1 P&T for implementation in Q2 to fall in line with current CMS regulations and treatment standards (i.e. 90 MME limit)	None Identified	None	Ongoing

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measureable Objective(s)		
4.5 Manage care of CalViva members for Behavioral Health	☒ Medi-Cal	CalViva collaborates with Behavioral Health practitioners to improve coordination between medical and behavioral health care members.	Total number of registrations and referrals	Review data that indicates when a member was referred to the County for services to ensure that MHN staff are facilitating coordination of care. Each month is compared to data from previous months to ensure the number of referrals to County follows an acceptable trend. For example, a consistent drop in referrals may indicate the need for additional staff training.

Review data that indicates when a PCP has referred a member to a BH provider. Each month's data is compared to those from previous months to ensure that coordination of care between medical and behavioral health is occurring. For example, a drop in these referrals may indicate a need for enhanced medical provider training on the services that MHN provides. | Ongoing |

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	MHN continues the bidirectional referral process with Fresno, Kings and Madera counties. Referrals were based on acuity of clinical presentation and member need for particular behavioral health services. MHN Care and Case Managers continue weekly rounds with HN medical case management staff and Medical Directors with the purpose of integrating medical and behavioral health services and ensuring that members receive optimal care. PCPs are also offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions. 1000 calls from members 1/1/18 – 6/30/18 198 of 1000 calls were sent to clinical care managers for assessment. Of these, 8 of 198 were referred to the County for Specialty Mental Health Services.	None identified	Continue monitoring, tracking, and revising metrics. as needed, to ensure coordination, continuity and integration of care Behavioral health complex case management was initiated through the HN CM department beginning late Q2.	Ongoing

Annual Evaluation ☒ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	The bidirectional referral process for CalViva counties functioned smoothly in 2018, both via fax using the clinical screening tool and over the phone. Clinical rounds with MHN psychiatrists as well as HN medical physicians occurred weekly to ensure that members were receiving good coordinated and integrated care. PCPs continue to be offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions. 1521 calls from members 1/1/18 – 09/30/18Of those calls, 288 were sent to clinical care managers. Of those, 10 were referred to County for Specialty Mental Health Services. Behavioral health care managers attend medical concurrent review rounds to ensure that member mental health and substance abuse needs are met. BHCMs also conduct rounds with plan psychiatrists to obtain clinical consultation on complex cases as well as decisions regarding denials and modifications.	None identified	More members are receiving the benefits of Behavioral Health Case Management through CalViva as MHN continues to refer appropriate beneficiaries for the service.	Ongoing

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology Measureable Objective(s)	2018 Planned Interventions	Target Completion Date
4.6 Behavioral Health Performance Measures	☒ Medi-Cal	CalViva collaborates with Behavioral Health practitioners to improve performance measures for the CalViva behavioral health care members.	Performance Measures to be monitored: Appointment Accessibility by Risk Rating Authorization Decision Timelines Potential Quality Issues Provider Disputes Network Availability Network Adequacy: Member Ratios Timeliness to first appointment for member's diagnosis with Autism Spectrum Disorder.	Participate in cross functional team to improve quality of behavioral health care.	Ongoing

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Performance measures monitored. Participated in cross functional team to improve the quality of behavioral health care. • Provider Appointment Availability Survey (PAAS): Q1 appointment access standards were met. • Timeliness: Prior authorizations for autism and single case agreements in Q1 were all compliant with timeliness standards. • PQI: no PQI's in Q1. • Provider disputes: Out of 7 provider disputes in Q1 all were resolved timely. • Network Availability and Adequacy: All availability and adequacy metrics met standard in Q1. • Timeliness to first appointment for member's diagnosis with Autism Spectrum Disorder. Survey will be administered Aug-Dec 2018. Due to low response rate in 2017 provider outreach was completed and overall results confirmed appointment availability and capacity for additional clients. • Behavioral health complex case management was initiated through the HN CM department beginning late Q2.	None identified	None	Ongoing

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| Annual Evaluation

☐ MET OBJECTIVES

☒ CONTINUE ACTIVITY IN 2019 | Performance measures monitored. Participated in cross functional team to improve the quality of behavioral health care.
• Appointment Availability by Risk Rating: Met targets for Q1-Q3 2018. Fourth quarter data not yet available.
• Timeliness of authorizations: Prior authorizations for autism and single case agreements in Q1 were all compliant with timeliness standards. In Q2 97% of ABA reviews were compliant with timeliness standards. In Q3, 98% of ABA reviews were compliant.
• PQI: There were 3 PQI's in 2018. Two had no quality of care findings, one was a Level 2 severity finding (medication error, incident or concern). All were resolved within timeliness standards.
• Provider disputes: Out of 7 provider disputes in Q1 all were resolved timely. There were 12 provider disputes in Q2, all were resolved within timeliness standards. There were 5 provider disputes from autism providers. There were 82 provider disputes in Q3. 81 of 82 were resolved within timeliness standards. There were 52 provider disputes from autism providers. There was a large jump in the number of provider disputes in Q3 2018; the previous 7 quarters averaged 8 cases per quarter but 82 cases were resolved in Q3. There were 2 providers who both submitted a large number of disputes.
• Network Availability and Adequacy: Met targets for Q1 and Q2. In Q3 did not meet BCBA (ABA paraprofessional) adequacy ratio target due to change in network status as a result of missing required information. This has been corrected.
• Timeliness to first appointment for member's diagnosis with Autism Spectrum Disorder: A survey administered in the second half of 2018 found excellent availability and capacity for additional clients in the Plan's service area. | None identified | MHN has increased the availability of telehealth services for members who reside in remote areas or who are unable/unwilling to travel to a provider's office. | Ongoing |

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	• Behavioral health complex case management was initiated through the CM department beginning late Q2. Referrals continued and increased each month and coordination between MHN and CM has been effective. In summary, MHN met all but one performance objective in the first 3 quarters and is expected to meet all in the 4th. This will be confirmed when 4th quarter data is available.			

5. Monitoring Activities for Special Populations

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
5.1 Monitor of CCS identification rate.	☒ Medi-Cal	CASHP will monitor Medi-Cal CCS identification rate YTD.	All HN SHP staff will work with Public Programs Coordinators and UM staff to identify potential CCS cases and refer to county for approval. Based on the standardized formula, monthly report indicates CCS %. Goal: HN identifies 5% of total population for CCS eligibility.	CCS identification and reporting continues to be a major area of focus for SHP. Continue current CCS policies and procedures. Identification through claims review, concurrent review, prior authorization, case management, pharmacy, and member services (welcome calls and CAMHI screening tool) Improve coordination with CCS between specialists and primary care services. Continue to distribute quarterly provider letters based upon DHCS Corrective Action Plans.	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

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2018 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Teams are continuing current CCS policies and procedures including identification and referral of cases through identified resources. An annual notification mailing was first released March 2018 to all PCP's per 2017 efforts to automate CCS related provider letter generation. The following additional events have triggered letters distributed weekly to the members assigned PCP throughout 2018: • A new member becomes eligible with the health plan and has an existing CCS condition • An existing member has a new CCS approved condition • An existing member with an approved CCS Condition changes PCP's % of CCS Eligible by County Jan-June 2018: 		Jan	Feb	Mar	Apr	May	Jun
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Fresno	8.16%	8.06%	8.13%	8.12%	8.18%	8.14%
Kings	6.50%	6.34%	6.51%	6.47%	6.52%	6.55%
Madera	6.30%	6.18%	6.31%	6.32%	6.43%	6.41%		None identified	A work group has been assigned to assess opportunities to improve internal processes for CCS including early identification, referrals and collaboration with providers.	Ongoing

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Annual Evaluation ☒ **MET OBJECTIVES** ☒ **CONTINUE ACTIVITY IN 2019**	The CCS identification and referral process was redeveloped mid Q4. The focus is ensuring better upfront CCS eligibility determinations during initial contact with an IP unit or via PA requests. At year end we are optimistic that the changes are hitting the target metrics. Data supports that changes have resulted in fewer CCS application rejections for untimely application. The data below does not reflect the changes made and will be more evidenced in the Q1 and Q2 data for 2019. The % of CCS Eligible by County in 2018 were: Fresno: 8.21%, Kings: 6.58% and Madera: 6.49%. The following tables show the percentages by month:	None Identified	Work group was successful, no additional revisions or new interventions identified for 2018.	Ongoing

	Jan	Feb	Mar	Apr	May	Jun
Fresno	8.16%	8.06%	8.13%	8.12%	8.18%	8.14%
Kings	6.50%	6.34%	6.51%	6.47%	6.52%	6.55%
Madera	6.30%	6.18%	6.31%	6.32%	6.43%	6.41%

	Jul	Aug	Sep	Oct	Nov	Dec
Fresno	8.29%	8.28%	8.32%	8.25%	8.27%	8.28%
Kings	6.67%	6.57%	6.69%	6.73%	6.73%	6.72%
Madera	6.60%	6.60%	6.64%	6.69%	6.72%	6.70%

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology Measurable Objectives	2018 Planned Interventions	Target Completion Date
5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements.	☒ Medi-Cal	California Section 1115 waiver requires mandatory enrollment in managed care for SPDs. Essential elements of the waiver include risk stratification, health risk assessment (HRA), and care coordination/care management.	All UM Policies and Procedures revised as needed and submitted to DHCS on time for approval, all state required reporting completed and submitted through tracking and trending of SPD UMCM program. Monitor HRA completions	Perform Risk Stratification for all SPD's on a monthly basis, and identification of members for enrollment into the appropriate program, such as Integrated Case Management, the Pharmacy Program, the Pregnancy Program, or a Disease Management Program. Continue to meet all requirements for SPDs and utilize all programs to support them, including Integrated CM, Disease Management and Care Coordination.	Ongoing

Created: March 5, 2018, March 8, 2018
Last updated: February 13, 2019

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Mid-Year Report ☐ ACTIVITY ON TARGET ☒ TOO SOON TO TELL	Member stratification being conducted monthly using Impact Pro to identify members for ICM as noted under 4.1. 105 SPD members have been managed 2018 through Q2. This includes PH CM, BH CM, & OB CM, as well as, both Care Coordination & Complex CM. HRA completion not meeting expectations.	Health Net IT migration prevented data exchange. Vendor required staffing revision to meet call requirements.	Continue monthly stratification/referrals to ICM. Root cause analysis and detailed action plan in place. Hiring and retention strategies now in place.	Q4 Q4
Annual Evaluation ☐ MET OBJECTIVES ☒ CONTINUE ACTIVITY IN 2019	Member stratification being conducted monthly using Impact Pro to identify members for ICM as noted under 4.1. 175 SPD members have been managed in 2018 through Q3. This includes PH CM, BH CM, & OB CM, as well as, both Care Coordination & Complex CM. SPD HRA root cause analysis and vendor corrective action plan implemented in Q3. Vendor staffing and retention strategies completed in Q3. Vendor corrective action plan completed by 12/31/2018.	Vendor required corrective actions	Continue monthly stratification/referrals to ICM. SPD HRA process expected transition in house Q1 2019.	Q4 Q4